



Ectopic Pregnancy

What is an ectopic pregnancy?

An ectopic pregnancy happens when a fertilised egg implants (forms) outside of the uterus (womb), usually in one of the fallopian tube, it can also attach to other abnormal sites like the previous caesarean section scar or cervix or ovaries. As the pregnancy gets bigger the fallopian tube is no longer big enough for the fetus to grow and can cause the tube to rupture (burst). Similar complications can happen if a pregnancy is attached to any other abnormal site.

This causes severe abdominal pain, internal bleeding and shock, and if not treated can be a life threatening condition.

With the advances now made in medicine most ectopic pregnancies can be diagnosed and treated before they become life threatening.

Why does it happen?

The fertilised egg usually takes 4 – 5 days travelling down the tube from the ovary and then implants in the uterus 6 – 7 days after fertilisation. If the passage of the fertilised egg to the uterus is delayed in any way then it may implant in the tube or any other sites outside of the womb.

Who is at risk of an ectopic?

Any woman of childbearing age is at risk of an ectopic pregnancy. This risk is increased if there is any previous history of damage to the tubes. This damage may have happened due to inflammation in the pelvis from infection, previous abdominal surgery, a previous ectopic pregnancy, having an IUCD (coil), taking the progesterone only pill, smoking or fertility treatment.

What are the symptoms?

Most ectopic pregnancies will show signs between the 4th and 10th week of pregnancy. You could experience some lower abdominal pain, which may be on one side, accompanied by dark bleeding. However, some women may not experience bleeding.

Internal bleeding may cause shoulder tip pain and fainting, occasionally the lower abdominal pain is acute and severe with internal bleeding causing shock, increasing pulse rate and falling blood pressure.

What will happen?

If an ectopic pregnancy is suspected but you are well and not experiencing severe pain, we may investigate by using serial blood tests to check the pregnancy hormone level, to help confirm / make the diagnosis. If there is suspicion of an ectopic pregnancy your treatment will be discussed with you.

This may be in the form of an injection or surgery depending on the results of your scan, hormone levels and your clinical condition. If you are clinically unwell a laparoscopy will be performed, and if necessary abdominal surgery will be carried out to remove the ectopic pregnancy.

Information for Patients

Will it happen again?

If you have had one ectopic pregnancy the chance of you having another is from 10% to 15%.

Can I plan a future pregnancy?

If you have had an ectopic pregnancy in the past it is important to contact your GP as soon as you find out you are pregnant. Your GP will organise an early scan for you to ensure the pregnancy is implanted correctly in the uterus.

How will I feel?

Suffering an ectopic pregnancy can be a physically and emotionally traumatic time for you and your partner. Not only will you probably require an injection or surgery, but also you will have lost a baby. It is normal to have a range of emotions from sadness to anger.

Support:

Ectopic Pregnancy Trust: support women and their families through this difficult period of their lives. You can call them on 0207733 2653 or use their website <http://www.ectopic.org.uk/>

Miscarriage support group: contact our volunteer Catherine on 07595 840775 or email enquity@thepinksnblues.co.uk

Contact Numbers:

Good Hope Hospital	0121 424 7747
Heartlands Hospital	0121 424 3505

Lean Midwife for Early Pregnancy and Miscarriage Care is Rachel Small